Metropolitan Life Insurance Company

Waiver of Premium

GPNP99-LTC-CA01/GC.LTC899FO-CA01-C

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

| Maximum Policy Benefit Amounts | | | | Elimination Periods | | | |
|--------------------------------|---------------------------------|--------------------|------------|---|---|-------------------------------------|--|
| ☐ 1 Yr. | ☐ 2 Yrs. | ✓ 3 Yrs. | ✓ 4 Yrs. | \square 0 days | \square 60 days | TYPE | |
| ✓ 5 Yrs. | ✓ 6 Yrs. | ✓ 7 Yrs. | ✓ Lifetime | \square 20 days | | Calendar Day | |
| ☐ Important C | Company Notes: | | | ✓ 30 days | ☐ 100 days | ☐ Service Day | |
| | | | | Inflation Pro | tection | | |
| | | | | ✓ 5% Compou ☐ 5% Simple | | ed Purchase Option Company Notes | |
| Nursing Hor | ne Daily Bene | fit Amounts | | The increase in coverage may be purchased without a health screen, as long as the insrued has selected it once in every 2 offerings. This | | | |
| | to \$300 maximurements of \$25. | m per [day, we | - | | ds regardless of claims st | | |
| ☐ Not Availab | le | | | | | | |
| ✓ Important C | Company Notes: | | | Residential (| Care Facility Daily | y Benefit Amounts | |
| • | re reimbrused up to 1 | 00% of the daily b | penefit. | Represents the Benefit Amount 100% 70% | percentage of the N ∴ ✓ 8 ✓ 90% ☐ Important Comp | 60% ✓ 75% | |

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

| 30 Day Elimination Period. | | | 90 Day Elim | ination Period. | 90 Day Elimination Period. | |
|-------------------------------|----------------------------|------------------------------------|----------------------------|------------------------------------|----------------------------|------------------------------------|
| 3 year maximum policy benefit | | | 3 year maximu | ım policy benefit | Lifetime benefit | |
| Issue Age | No Inflation Protection | With 5% Inflation Protection | No Inflation Protection | With 5% Inflation Protection | No Inflation Protection | With 5% Inflation Protection |
| 50 | \$192 | \$625 | \$185 | \$600 | \$324 | \$1,091 |
| 55 | \$301 | \$840 | \$289 | \$807 | \$491 | \$1,411 |
| 60 | \$477 | \$1,135 | \$458 | \$1,090 | \$748 | \$1,830 |
| 65 | \$778 | \$1,574 | \$747 | \$1,510 | \$1,167 | \$2,426 |
| 70 | \$1,268 | \$2,214 | \$1,216 | \$2,122 | \$1,887 | \$3,387 |
| 75 | \$2,058 | \$3,150 | \$1,971 | \$3,016 | \$3,038 | \$4,779 |
| 80 | \$3,291 | \$4,503 | \$3,149 | \$4,306 | \$4,814 | \$6,766 |

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.

Metropolitan Life Insurance Company

Waiver of Premium

GPNP99-LTC-CA01/GC.LTC899FO-CA01-S

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

| Maximum Policy Benefit Amounts | | | | Elimination Periods | | | |
|--|--|---|------------------------|--|--|-------------------------------------|--|
| ☐ 1 Yr.✓ 5 Yrs.☐ Important C | ☐ 2 Yrs. ✓ 6 Yrs. company Notes: | ✓ 3 Yrs.✓ 7 Yrs. | ✓ 4 Yrs. ✓ Lifetime | □ 0 days□ 20 days☑ 30 days | ☐ 60 days✓ 90 days☐ 100 days | TYPE ☐ Calendar Day ✓ Service Day | |
| | | | | Inflation Pro | tection | | |
| \$75 minimum | ne Daily Bene to \$300 maximu ements of \$25. □ per week le | | _ | ✓ 5% Compound ✓ Guaranteed Purchase Option □ 5% Simple □ Important Company Notes The increase in coverage may be purchased without a health screen, as long as the insrued has selected it once in every 2 offerings. This is offered to insureds regardless of claims status, claim history or length of participation in the plan. | | | |
| ✓ Important C | company Notes: | | | Residential (| Care Facility Daily | y Benefit Amounts | |
| • | re reimbrused up to 1 | 00% of the daily b | enefit. | Represents the Benefit Amount 100% 70% | percentage of the Note. 90% Important Comp | 30% ✓ 75% | |

Annual premium amount for Nursing Home and Residential Care Facility Only Policy

with a \$100 daily benefit amount.

| 30 Day Elimination Period. | | | 90 Day Elim | ination Period. | 90 Day Elimination Period. | |
|-------------------------------|----------------------------|------------------------------------|----------------------------|------------------------------------|----------------------------|------------------------------------|
| 3 year maximum policy benefit | | | 3 year maximu | ım policy benefit | Lifetime benefit | |
| Issue Age | No Inflation Protection | With 5% Inflation Protection | No Inflation Protection | With 5% Inflation Protection | No Inflation Protection | With 5% Inflation Protection |
| 50 | \$185 | \$600 | \$168 | \$545 | \$295 | \$993 |
| 55 | \$289 | \$807 | \$261 | \$731 | \$445 | \$1,283 |
| 60 | \$458 | \$1,090 | \$413 | \$986 | \$676 | \$1,661 |
| 65 | \$747 | \$1,510 | \$671 | \$1,364 | \$1,050 | \$2,197 |
| 70 | \$1,216 | \$2,122 | \$1,088 | \$1,912 | \$1,692 | \$3,059 |
| 75 | \$1,971 | \$3,016 | \$1,758 | \$2,711 | \$2,714 | \$4,303 |
| 80 | \$3,149 | \$4,306 | \$2,800 | \$3,858 | \$4,285 | \$6,068 |

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.

Unum Life Insurance Company of America

TQGLTC95 ER NFR

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

| Maximum Policy Benefit Amounts | | | | Elimination Periods | | | |
|---|--------------------------------------|-------------|---------------------|--|--|-------------------------------------|--|
| | ✓ 2 Yrs. ✓ 6 Yrs. mpany Notes: | ✓ 3 Yrs. | ☐ 4 Yrs. ✓ Lifetime | □ 0 days□ 20 days☑ 30 days | ✓ 60 days ✓ 90 days ☐ 100 days | TYPE ☐ Calendar Day ✓ Service Day | |
| | | | | Inflation Prof | tection | | |
| | | | | ✓ 5% Compou ✓ 5% Simple | | ed Purchase Option Company Notes | |
| Nursing Home | e Daily Bene | fit Amounts | | Also 5% Compound and Simple capped at 200% of the original monthly benefit amount. | | | |
| \$1000 minimum month] offered ☐ per day | | | | monthly benefit am | oun. | | |
| ☐ Not Available | : | | | | | | |
| ☐ Important Co | mpany Notes: | | | Residential (| Care Facility Daily | Benefit Amounts | |
| | , | | | Represents the Benefit Amount 100% 70% | percentage of the N . | 0% | |

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premium will be waived.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

| 30 Day Elimination Period. | | | 90 Day Elim | ination Period. | 90 Day Elimination Period. | |
|-------------------------------|----------------------------|------------------------------------|-------------------------------|------------------------------------|----------------------------|------------------------------------|
| 3 year maximum policy benefit | | | 3 year maximum policy benefit | | Lifetime benefit | |
| Issue Age | No Inflation Protection | With 5% Inflation Protection | No Inflation Protection | With 5% Inflation Protection | No Inflation Protection | With 5% Inflation Protection |
| 50 | \$160 | \$449 | \$139 | \$399 | \$231 | \$643 |
| 55 | \$227 | \$567 | \$202 | \$504 | \$319 | \$802 |
| 60 | \$353 | \$752 | \$311 | \$668 | \$487 | \$1,037 |
| 65 | \$626 | \$1,172 | \$554 | \$1,037 | \$844 | \$1,579 |
| 70 | \$1,079 | \$1,777 | \$958 | \$1,575 | \$1,441 | \$2,381 |
| 75 | \$2,003 | \$2,982 | \$1,777 | \$2,646 | \$2,633 | \$3,923 |
| 80 | \$3,247 | \$4,448 | \$2,877 | \$3,944 | \$4,221 | \$5,779 |

Refer to Section 3 for information on premium increases, if any, since 1990 for this company.